



REGISTRATION FORM

Woodland Montessori Pre-School

110-118 Caine Road, Mid-levels

Winter Camp 2018/19

December 17th to January 5th

HAVING FUN IS WHAT IT'S ALL ABOUT!

| PARENT / GUARDIAN DETAILS | |
|---------------------------|-------------|
| Surname: | Given Name: |
| Address: | |
| Tel: | Email: |

| CHILD DETAILS | |
|---|-------------|
| Surname: | Given Name: |
| Date of Birth: | Gender: |
| Is this your child's first time participating in a Tinnytots class? | |
| Does your child have any allergies, medical conditions or physical limitations? | |
| If yes, please specify: | |

| SCHEDULE - (Please ensure that your child is signed up in the proper age group) | | | | |
|---|--------------------------------------|-----------------------------|---------|----------------------|
| Age | Course | DAY | TIME | FEE |
| 18-36 Months Old | <input type="checkbox"/> Week 1 | Dec: 17, 18, 19, 20, 21, 22 | 10-11AM | \$1,080 (6 sessions) |
| | <input type="checkbox"/> Week 2 | Dec: 27, 28, 29 | 10-11AM | \$540 (3 sessions) |
| | <input type="checkbox"/> Week 3 | Jan: 2, 3, 4, 5 | 10-11AM | \$720 (4 sessions) |
| | <input type="checkbox"/> Single Days | | 10-11AM | \$200 per session |
| 3 & 4 Years Old | <input type="checkbox"/> Week 1 | Dec: 17, 18, 19, 20, 21, 22 | 11-12PM | \$1,080 (6 sessions) |
| | <input type="checkbox"/> Week 2 | Dec: 27, 28, 29 | 11-12PM | \$540 (3 sessions) |
| | <input type="checkbox"/> Week 3 | Jan: 2, 3, 4, 5 | 11-12PM | \$720 (4 sessions) |
| | <input type="checkbox"/> Single Days | | 11-12PM | \$200 per session |

Remarks: Classes are one hour long with first 10 minutes free play

PAYMENT DETAILS / MAKEUP POLICY

1. Please make a crossed cheque payable to “Tinytots Coaching Limited” or make a direct transfer to our HSBC account: 808-518351-838. For direct transfers, kindly include the deposit slip for our reference.
2. Makeup classes may only be taken if an absence results from a child’s illness, in which case a doctor’s note must be provided. Makeup’s cannot be carried over to a future term.
3. Completed forms should be sent by email, fax or post to the following address: Room 402, 4th Floor, Hing Tai Commercial Building, 114 Wing Lok Street, Sheung Wan, Hong Kong.

WAIVER

My child _____, is in good health and has my permission to participate in this class. I will not hold Tinytots Coaching Limited, its Director or its coaches responsible for any property loss, sickness or injury of any kind which may have resulted through participation in its classes. I grant permission for any photographs taken of my child in the program to be used for future promotional reasons. For more details on our privacy policy and general terms of use, please visit www.tinytots.com.hk

Parent/ Guardian Signature: _____

Date: ____/____/____

For Tinytots Coaching office use only

Cheque No: _____ Date: ____/____/____ Amount: _____